

Duval Medical Investors, LLC		
() Profit () Nonprofit	() Amendment	100006707771
Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership	() Annual Report () Name Registration () Fictitious Name	() Other () Change of RA () UCC
() Certified Copy	() Photocopies	yxœus ⊒ ; ;
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up
Name Availability Document	7/26/02	Order#: 55059\$200 02 00 00 00 00 00 00 00 00 00 00 00
Examiner Updater		Ref#: Ref#: Amount: \$ Amount: \$
Verifier W.P. Verifier		Amount: \$ 20

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 1/29/201

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Duval Medical Investo	ers, LLC					
	(Name of for	reign lin	nited liability company)	—		
Tennessee		3.	applied for			
(Jurisdiction under the leading company is organized)	aw of which foreign limited liab	illity	(FEI num	ber, if applica	ble)	
July 23, 2002		. 5.	perpetual			
(Date of	Organization)		(Duration: Year limite exist or "perpetual")	d liability com	ipany will cea	se to
. Upon Qua. (Date fi	ist transacted business in Florid	a. (See s	sections 608.501, 608.502	, and 817.155,	F.S.)	-
3570 Keith Street, NV	v			· · · · · ·		
Cleveland, TN 37312	<u>!</u>					
<u></u>	(Street a	iddress c	of principal office)			92
3. If limited liability	company is a manager-mar	aaged o	company, check here		MAS	
). The usual business	s addresses of the managing	g mem	bers or managers are	as follows:		ת בייני ס
3570 Keith Street, N	w			<u></u>		
Cleveland, TN 3731	2				071	* ***
					4-6	
						
					<u></u>	
the jurisdiction under the la	l certificate of existence, no more aw of which it is organized. (A pl e under oath of the translator mus	hotocop;	y is not acceptable. If the o	d by the officia ertificate is in a	l having custo foreign langu	dy of recon age, a
11. Nature of busine	ss or purposes to be condu	cted or	promoted in Florida:	Owner, open	ator and/or	
manager of health car	re facilities					
	1 2	M	xd_		·	
	Signature of a member of (In accordance with section 608, an affirmation under the penaltic	r an au 408(3), F	thorized representatives. S., the execution of this doc	cument constitut	oer. es	
	Joan E. Thurmond, Assistant				_	
			l name of signee			

CT-ATLANTA, TEAMS

1NF-58-5005 IS: 45

FL057 - 11/1/99 CT System Online

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE.

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Co	ompan	y is:			
Duval Medical Investors, LLC					_
2. The name and the Florida street addr	ress of	the registered agent and office are:			
C T Corporation System					
		(Name)	7		
c/o C T Corporation System,	, 1200 S	South Pine Island Road		02	
Florida street	address	s (P.O. Box NOT ACCEPTABLE)	SE		
Plantation		FL 33324	SEE	26 PI	
	(City/State/Zip	5	ان ا	1 8 8
			10	5	July
Having been named as registered agent as	nd to a	ccept service of process for the above	e statéd limit intrant as rei	ed ristered	1
liability company at the place designated a agent and agree to act in this capacity. I j	ın ınıs further	certytcate, I hereby accept the appoi agree to comply with the provisions	nimeni as reg s of all statuti	;wiereu es	
relating to the proper and complete perfor	rmance	e of my duties, and I am familiar with	ı qud accept i	he	
obligations of my position as registered as	gent as	s provided for in Chapter 608, F.S	**		
C T Corporation System	r	JENNIFER F AULTMAN ASSISTANT SECRETARY	i.		
(Signature)	······································	A501911111			
	P		₩ .av*		
•	90.00				
•	25.00 30.00		Į.		
•	5 00				

Secretary of State Division of Business Services 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 07/23/2002 REQUEST NUMBER: 02204543 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 07/23/2002 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0430539 JURISDICTION: TENNESSEE

3161 HIGHWAY 100 NASHVILLE, TN 37221 REQUESTED BY: 8161 HIGHWAY 100 NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "DUVAL MEDICAL INVESTORS, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID: THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.



FOR: REQUEST FOR CERTIFICATE

NASHVILLE, TN 37221-0000

ON DATE: 07/23/02

FEES

\$40.00

\$0.00

TOTAL PAYMENT RECEIVED:

RECEIVED:

\$40.00

RECEIPT NUMBER: 00003119018 ACCOUNT NUMBER: 00101230

9827 888 pap

8161 HIGHWAY 100

FROM:

RILEY C. DARNELL マロヘカピエスカシ ヘビ マイんては T-ATLANTA, TEAMS